

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25417**

FILED AUG 12 1952

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>294</b>   |  | PRIMARY REG. DIST. NO. <b>6010</b>  |  | Registrar's No. <b>179</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph 0880</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>   |  | c. LENGTH OF STAY (in this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>   |  | d. STREET ADDRESS (If rural, give location) <b>Sugar Creek Twship</b>            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sugar Creek Twship</b>   |  |   |  | d. STREET ADDRESS (If rural, give location) <b>Sugar Creek Twship</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Minerva</b>  |  | b. (Middle) <b>Ann</b>  |  | c. (Last) <b>Hess</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 24<sup>th</sup> 1952</b>        |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow x</b>   |  | 8. DATE OF BIRTH <b>Apr. 21<sup>st</sup> 1873</b>                                |  |
| 9. AGE (In years last birthday) <b>79</b>   |  | 10. MONTH <b>3</b>  |  | 10. DAYS <b>3</b>   |  | 10. HOURS <b>3</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>  |  | 12. CITIZEN OF WHAT COUNTRY  |  |
| 13a. FATHER'S NAME <b>Wheeler Kitchen</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Mary Ford</b>  |  | 14. NAME OF HUSBAND OR WIFE   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>   |  | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Miss Lela Hess Moberly Mo</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Bright Disease</b>  |  |   |  | <b>2 yr</b>  |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Edema</b>        |  |   |  |  |  |
|   |  | DUE TO (c)  |  |   |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b> |  |   |  | <b>DK.</b>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <b>none</b>  |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>May 5, 1950</b> , to <b>July 23, 1952</b> , that I last saw the deceased alive on <b>July 23, 1952</b> , and that death occurred at <b>1:15 P. m.</b> , from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <b>P. M. Dreyer M.D.</b>   |  |   |  | 23b. ADDRESS <b>Huntsville Mo</b>   |  | 23c. DATE SIGNED <b>7/28/52</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>7-27-52</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Hagers</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Randolph Co. Mo.</b>            |  |
| DATE REC'D BY LOCAL REG. <b>7-27-52</b>   |  | REGISTRAR'S SIGNATURE <b>Sean Williams</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahan and Son</b>   |  | ADDRESS <b>Moberly</b>   |  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank D. De Witt

Licensed Embalmer No. 3021

P. O. Address Woburn, Mass.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.